

The Church and Hospital Work

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THE hospital work of our church is still in its infancy. Twenty-five years ago Methodism was just entering the hospital field. Our first hospital was founded in Brooklyn, N. Y., in 1881, and its doors were opened for the reception of patients in 1887. There may have been some dispensary or out-patient work done under the auspices of our church in foreign mission fields prior to that time, but nothing that could be designated as hospital work proper in the modern understanding of that term.

The next year the Wesley Hospital, in Chicago, was opened. Then followed the opening of our hospitals in Cincinnati, Omaha, Philadelphia, Washington, Kansas City, Des Moines, Seattle, Indianapolis, Boston, Cleveland, Peoria, Baltimore, and in many other places both at home and in foreign fields.

The first formal recognition of this work by the church was given at the recent session of the General Conference at Minneapolis. All memorials and resolutions concerning hospital work were referred to the Committee on Temporal Economy, and by that committee referred to a sub-committee on hospitals. I had the honor of being a member of this sub-committee. We sought to bring together the representatives of our hospitals, so far as they could be reached at Minneapolis, for consultation.

Such a meeting was held at the Hotel Radisson at the invitation of ex-Vice-President Fairbanks, president of our hospital at Indianapolis, who was visiting the General Conference. This meeting was well attended. The proposed report of the sub-committee was considered at length, and unanimously approved. Later a hospital lunch was enjoyed by even a larger company, when brief addresses were made by representatives of more than a score of hospitals.

When the report of the sub-committee was presented to the Committee on Temporal Economy, it was adopted unanimously. And when finally it was presented to the General

Conference, after a slight amendment, it was also adopted unanimously, and became the law of the church.

The new law in substance provides in the first paragraph that our hospitals shall always be ready to receive the sick poor recommended by our pastors, under proper rules and regulations, not as charity patients, but as guests of the church. On the other hand, each conference, by formal vote, shall become the patron of at least one of our church hospitals, and contribute for its support each year a communion or other offering through its individual churches.

In the second paragraph it provides that our hospitals shall make ample provision for the spiritual welfare of patients, nurses and employes, specifying the administration of the sacraments of the church.

In the third paragraph it provides that no hospital shall be established hereafter without the approval of the conference within whose bounds it is to be located. It provides, also, that the board of managers of each hospital, through its superintendent or other representative, shall render an annual report to its patronizing conferences, which report it shall also publish in its own annual report.

The fourth paragraph deals with the training of young women as nurses and deaconesses, and especially those proposing to serve in home and foreign mission fields.

In this way the hospital work of the church was officially recognized and endorsed at Minneapolis.

Now, as we stand upon the threshold of what is practically a new work in Methodism, I wish to emphasize some matters which I deem of the utmost importance in its formative period.

1. First of all we should see to it that our church hospitals shall stand for the best in the medical and surgical world. In a work like this piety should not be permitted to take the place of science. A religious name should not be a cloak for mediocrity. Men and women will come to us because of our religious affiliations. We must not betray their confidence. We must not disappoint them. The fact that we are a church hospital should be a guarantee not only of piety but of science as well.

When I think of the blunders of physicians and surgeons in the past; of the darkness and uncertainty through which medicine and surgery have groped their way, it is easy for me to

become an apologist for the Christian Scientists and the Mental Scientists of a couple of decades ago. The rise of these cults was the most natural thing in the world as a protest against the so-called science of medicine and surgery of a quarter of a century ago. But we are now living in a different age—in an age when science is more nearly what it professes to be. The physician goes into Cuba, and there, in the cause of humanity and science, sacrifices his life, but expels yellow fever, and makes an epidemic of that disease an impossibility in enlightened lands.

In the same way smallpox and diphtheria have been robbed to a very large extent of their terrors. The number of soldiers we lost by typhoid fever in our little war with Spain was appalling. Today it is almost unknown in our camps. Science has done this.

Now every well-equipped and well-manned hospital should know the last word on these subjects, and be able skillfully to apply the best remedies. They may not all be institutions for investigation, technically so-called, but as far as the application of proven remedies is concerned they should have a high reputation.

To achieve this distinction, in each hospital of considerable size there should be a medical and surgical staff of the ablest physicians and surgeons in the community to whom should be committed the professional work of the hospital. These men should care for patients making direct application to the hospital for treatment. If such patients can afford private accommodation the physician or surgeon, as a rule, should be remunerated, the fee to be determined by the hospital authorities; but if the patient occupy a ward bed, there should be no fee collected, for only poor patients should occupy ward beds.

The services of the ablest physicians and surgeons can easily be secured because of the experience received and the standing that such an appointment would give them in the community.

While the medical board should be consulted as to new appointees, the board of managers should always reserve for themselves the appointing power. While such an organization as I have just described is absolutely necessary for the high standing of the hospital, and is substantially the plan adopted by all hospitals of the highest grade, yet the privileges of the

private beds should be extended to physicians of all schools in good standing in the community.

But even these privileges should be extended with care. Only surgeons of recognized ability should be permitted the use of the operating room. There are many men trying to operate for the money there is in it, who should be prosecuted for unnecessarily endangering life. In our hospital in Brooklyn we open our private beds to outside physicians, but we do not permit any outside physician to use our operating room who is not an attending surgeon in some other high grade hospital. This matter is of such importance that I believe every state should take it under consideration, and no man should be allowed to practice major surgery without a special state license.

2. In the second place our hospitals should stand as monuments to the healing ministry of Jesus Christ. It is an emasculated gospel which teaches "Thy sins be forgiven thee," but forgets "Rise, take up thy bed and walk." Over and over He healed the sick and preached the gospel of the kingdom. He never divorced these two ministries.

If you will turn to the gospels and read you cannot fail to be impressed with the extent of His healing ministry. On every page you have the record of the blind receiving their sight, or the deaf having their ears unstopped, or of the dumb learning to speak, or of the lame being made to walk, or the fever-stricken being relieved, and everywhere multitudes are thronging to Him, and the oft-repeated record is: "He healed them all."

Washington Gladden reviewing this story says: "There was not a miserable creature in all Palestine who did not know that Jesus was his friend."

Bishop Henry W. Warren once said in a public address that if he had never heard of Christ, and never read of His marvelous ministry, and should be handed a copy of the gospels for the first time, he was quite sure that upon reading it he would say that the chief mission of Jesus upon earth was to heal the sick and comfort those in sorrow.

Every hospital that names the name of Christ should stand as a monument to this healing ministry.

Every age needs such a ministry as this.

Do you know that at this moment there are at least 250,000

people sick in Greater New York? That would be about five per cent of the population. Two-thirds of these are very ill. But these figures do not take into account those who are watching by those bedsides, who often suffer more than those in the beds.

Or, take a few more statistics. It is sometimes said that death is no respecter of persons. In a sense that may be true, but in another sense it is not true. It is said that of ten million people of wealth and ease 100,000 will die this year. Of ten million who work hard for a living 150,000 will die this year. But of ten million of those who live in poverty 350,000 will die this year. That is, the farther down the scale of privilege and comfort you go, the greater the amount of sorrow. Death is a respecter of persons.

How are we to relieve this condition of things? Permit me to suggest two practical ways:

1. A couple of years ago I preached on the ministry of healing in one of our Brooklyn churches. In the course of that sermon I said: "If I were to return to the pastorate again, I should seek the services of some good women, whether a deaconess or a trained nurse I did not care, who could make a cup of tea or a bowl of soup; who could sweep a floor and wash a baby; and relieve for an hour or so an overworked mother. I should magnify that kind of ministry.

At the close of the sermon a trained nurse came forward and said to the pastor: "I am ready for service. I have some time at my disposal." A year later the pastor wrote me: "That nurse has been a great blessing to the church during the past year. Every day she has visited someone who was sick, and for six months she has cared for a poor woman who was dying of cancer."

My friends, that's what Jesus did. There was no chasm between Him and the people. That's the work that gives power to the missionary in foreign lands. That's the work that would give power and influence to the church at home. And I know of no finer piece of home missionary work for your organization to engage in than this, right in your own church, as well as in the more distant parts of the land.

2. I would magnify the work of the Christian hospital—in a sense all hospitals are Christian and "all healing is divine"—but in a special sense our Christian hospitals should be de-

voted to the healing of the sick in body, mind and soul. And it is the desire of our church that every one of our church hospitals shall have this ideal constantly before them.

3. Then in the next place our hospitals should stand for the most active cooperation with our pastors. Our hospitals should be the medical and surgical assistants of our pastors. I mean that in a literal sense.

Every church in my patronizing conferences are towns and villages which have no hospital accommodation, and even if they have, often they must enter as paupers, and be published in the town as such. Now I want to tell you it's hard to be poor, but it's worse to have it published to the world.

Today many of our hospitals are in constant cooperation with our pastors. For example, one morning when I came to my office, I found awaiting me a pastor who had come two hundred miles with a poor man, a farm hand. The day before a doctor had told this farm hand that he would die within forty-eight hours unless operated upon in some hospital. He also stated that the hospital rates would be one dollar a day, and the surgeon's fee one hundred dollars, but the poor man, with all his relatives, could not raise that amount of money. What was to be done? When the pastor heard of the circumstances he looked up the poor fellow, and offered to bring him to Brooklyn on the Albany night boat, and so I found them in my office. He had to be operated upon immediately. He recovered and returned home in a few weeks. He was a poor man. No charge whatever was made." How much did the hospital mean to that man, to that pastor, to that church?

Or, take another case. A young woman was about to graduate from college. Her father and mother had worked to the bleeding point to give that girl an education. She was within a few months of graduation when she broke down and was compelled to leave college. Father and mother and daughter were disappointed, and the girl was heart-broken. The doctor came in, and examination was made. She must go immediately to a hospital for an operation. What will it cost? Twenty-five dollars a week for a room. Seeing that they were poor, the surgeon's fee would be moderate—only two hundred dollars.

As such things go, those terms were not exorbitant. There is no hospital that will make one dollar out of a private room patient that pays but twenty-five dollars a week; and for such

an operation, two hundred to five hundred dollars would not be extravagant. But where could they get twenty-five dollars a week, or a surgeon's fee? Broken-hearted, discouraged, they knew not what to do.

When the pastor learned these facts he told them to be of good cheer, we had a hospital of our own, and surgeons of our own who would gladly render the most skillful service, and there would be no charge for either hospital or surgeon. A dispatch told me the story, and my dispatch brought her to the hospital without unnecessary delay. And never shall I forget the abounding joy of that girl as she left the hospital, restored to health, and full of hope, and determined to complete her college work.

That's what I mean. And every one of my patronizing conferences know that any pastor can call upon me as his assistant if he has a patient who can be helped in a general hospital such as ours.

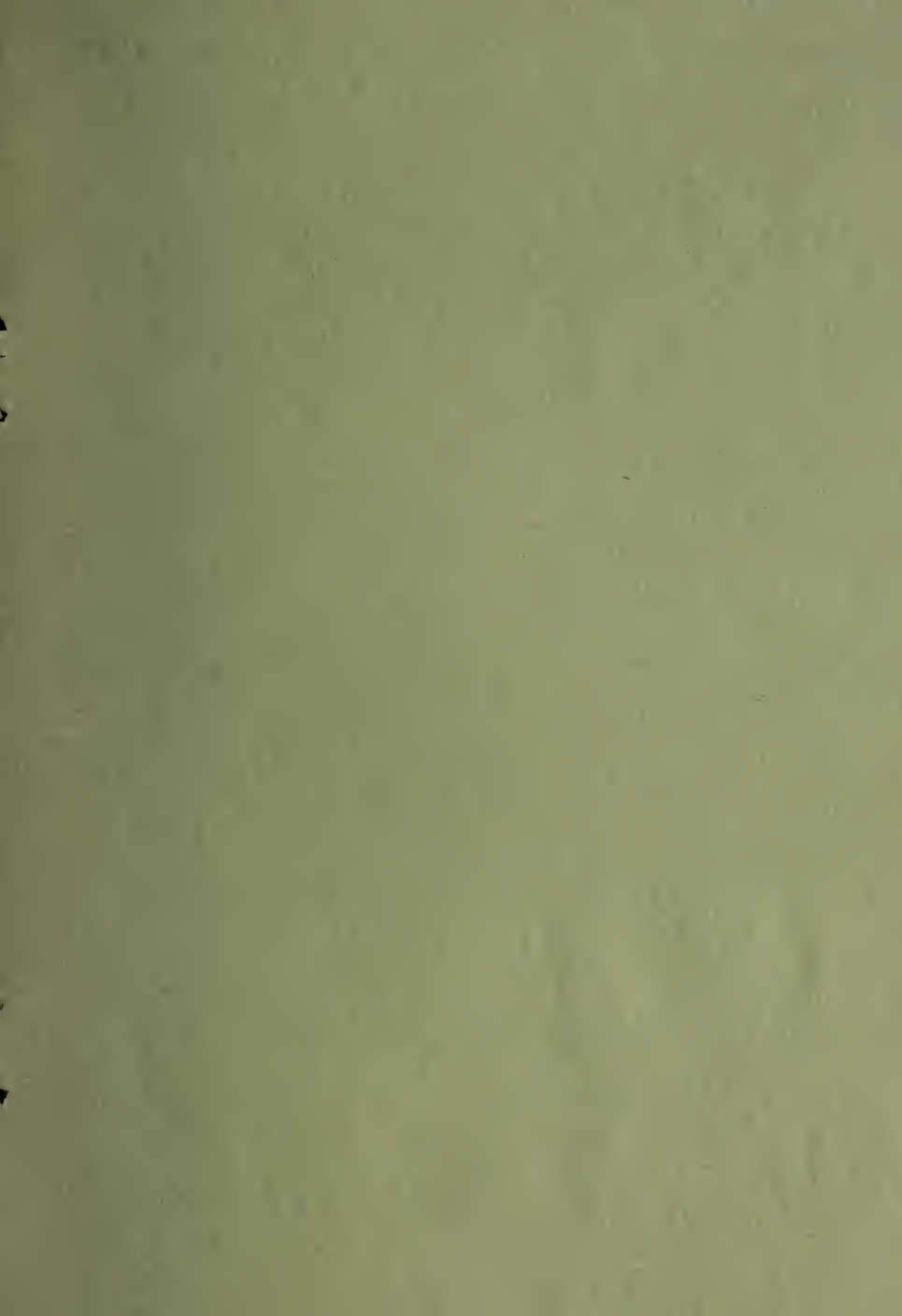
If the patient can pay, he is expected to do so. If he can pay a part only, he is expected to do that. If he can pay nothing, he is received as gladly as if he could pay our full rates; and in any case he is a guest of the church.

This kind of service is expensive, and it means that the greater part of our work must be free, but what is the hospital for, why is it supported? To care for those who are well-to-do and can pay their way? No, a thousand times no. The well-to-do can easily receive proper treatment. Our hospitals are meant especially for the poor, and those in moderate circumstances. Therefore, our glory should be not that our receipts from patients in any given year paid all our bills. Nay, rather our glory should be that while our receipts did not begin to pay our bills, the generosity of good men and good women supplied what was lacking, and the great bulk of our work was free work.

A record like this will lead men and women to endow cribs, and beds, and rooms, and wards, for the love of the church, but still more for the love of Christ, the great Head of the church.

Looking back over twenty-five years of this healing ministry under the auspices of our church we rejoice that our great General Conference has now given its full endorsement to this practical form of Christianity. We should now see to it that

our ideals are worthy of our church, and still more worthy of Him concerning whom it was repeatedly said: "He healed the sick and preached the gospel of the kingdom."





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